VDH Wound Care Infection Prevention and Control Tool

Contents

Overview of Wound Care Infection Prevention and Control

This tool is a guide for basic infection prevention and control (IPC) practices for healthcare personnel who provide wound care or assess IPC practices during wound care. Various types of wounds, including pressure ulcers, diabetic, vascular and surgical wounds, may be encountered and cared for in healthcare facilities. Implementing infection prevention practices during care of these wounds is important to reduce the development of infections and the transmission of pathogens.

Healthcare facilities should have training, competency validation, and a written policy/procedure reflecting current guidance for all personnel who perform wound care. Routine observations of these personnel should also be done to validate competency and compliance with wound care procedures.

Recommended components of wound care policies/procedures and practices include:

- Evaluating and documenting wounds and wound care plans, including the requirement that wounds be evaluated routinely according to clinical practice guidelines and facility policy.
- Types of personal protective equipment (PPE) recommended for each type of wound care activity.
- Proper use of clean supply carts (e.g., should not enter the patient/resident's immediate care area).
- Preventing contamination of clean supplies.
- Proper use of multi-dose topical wound care medication (e.g., dedicate to an individual patient/resident, whenever possible).
- Maintaining adequate supplies in appropriate facility locations including who is tasked with maintaining supplies and how it should be performed (e.g., frequency of checking supply levels).
- Observing wound care procedures performed by all personnel, including external consultants. See Wound Dressing Change Observation Checklist on p. 2.

Wound Care Resources

- CDC. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html.
- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings. https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html
- CDC. Nursing Home Infection Preventionist Training Course: Infection Prevention During Wound Care: https://courses.cdc.train.org/Module10C_WoundCare_LTC/

Infection Prevention Audit for Wound Care Procedures

Instructions: Use the following tool to observe wound care procedures and compliance with basic infection prevention practices for all personnel performing wound care (including external consultants). Specific steps will vary depending on the type of wound care being performed (e.g., dressing change; irrigation; debridement; use of vacuum-assisted closure devices). Refer to the footnotes for further information.

Item to Assess	Assessment	Notes/Areas for Improvement
All supplies are gathered before dressing change[1]	☐Yes ☐No ☐NA	
Hand hygiene (HH) performed before dressing change	☐Yes ☐No ☐NA	
Clean gloves donned before dressing change[2]	☐Yes ☐No ☐NA	
Multi-dose wound care meds are used appropriately[3]	☐Yes ☐No ☐NA	
Dressing change performed in manner to prevent cross-contamination[4]	☐Yes ☐No ☐NA	
Gloves removed after dressing change completed	☐Yes ☐No ☐NA	
HH performed after dressing change completed	☐Yes ☐No ☐NA	
Reusable equipment cleaned and/or disinfected appropriately[5]	☐Yes ☐No ☐NA	
Clean, unused supplies discarded or dedicated to one patient/resident	☐Yes ☐No ☐NA	
Wound care is performed and regularly assessed [6]	☐Yes ☐No ☐NA	
Wound care supply cart is kept clean [7]	☐Yes ☐No ☐NA	
Soiled disposable supplies are disposed of in a suitable bag or container (consistent with OSHA Bloodborne Pathogens Standard)	☐Yes ☐No ☐NA	

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Wound Care IPC Practices Footnotes

[1] Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at patient/resident's bedside before starting procedure. Clean supply carts should never enter the immediate care area.

[2] The type of gloves used may vary with the facility policy, procedure performed or type of dressing application. Sterile gloves should be used for all sterile dressing applications. Additional PPE (e.g., face mask/face shield, gown) should be worn to prevent body fluids exposure per facility policy and Standard Precautions. In nursing homes and skilled nursing facilities, in addition to gloves, gowns should be worn during wound care according to Enhanced Barrier Precautions. During a Group A Strep outbreak, **Contact and Droplet Precautions** should be followed for all patients/residents regardless of infection status. Additional information about transmission-based precautions may be accessed on the CDC's website.

[3] Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single patient/resident whenever possible or a small amount of medication should be aliquoted into a clean container for single-patient/resident use. Meds should be stored properly in centralized location and never enter a patient/resident treatment area.

[4] Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies). Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution. All soiled dressing supplies should be discarded immediately.

[5] The use of disposable bandage scissors versus reusable scissors varies with facility policies and practices. If scissors are shared for multiple wound care procedures, a cleaning/disinfecting policy must be written and strictly adhered to by personnel providing wound care. This guidance should include the proper Environmental Protection Agency (EPA) registered agent for cleaning and disinfection as well as guidance for the contact time needed to meet the manufacturer's germicidal claim.

Scissors and other patient/resident care supplies and equipment should never be stored or transferred in uniform jacket pockets. (This practice has been observed in previous outbreak investigations.)
Single-use sterile scissors are disposable and must be disposed of in an approved sharps container. Safe handling of all sharps must be done according to facility policy, the OSHA BBP Standard, and state and local regulations.

In addition to reusable medical equipment, any surface in the patient/resident's immediate care area could be contaminated during a dressing change and should be cleaned and disinfected immediately after the procedure. Any visible blood or body fluid should be removed first then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy. Surfaces/equipment should be visibly saturated with solution and allowed to remain wet for appropriate contact time and dry for proper disinfection.

[6] Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy

[7] Wound care supply cart should never enter the resident's immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.

Key Terms

Aseptic technique – practices that are intended to render and maintain a maximally free state from microorganisms and aid in the prevention of infections. This practice involves using barriers such as sterile gloves, sterile gowns, and sterile drapes, to prevent the transfer of microorganisms from the environment to the patient/resident during a specific procedure. Aseptic technique is used in surgical procedures or when placing invasive devices.

Bloodborne Pathogens Standard (BBP) – a standard developed, promulgated, and enforced by the Occupational Safety and Health Administration (OSHA) directing employers to protect employees from occupational exposure to blood and other potentially infectious material.

Cleaning – the removal of all visible dust, soil, and any other foreign material.

Clean technique – practices that reduce the number of microorganisms, thus lessening the risk of transmission from the environment or healthcare personnel to the patient/resident. This practice involves careful hand hygiene, maintaining a clean environment with a clean field, using clean gloves and other PPE, and preventing direct contamination of supplies. Generally wound care provided at the bedside uses clean technique.

Disinfection – a process that kills or destroys nearly all disease-producing microorganisms, except for bacterial spores. Disinfectants are used on inanimate objects.

Personal protective equipment (PPE) – Barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE is a key component of an infection prevention program to help prevent the healthcare personnel's exposure to infectious agents and help reduce the transmission of microorganisms. PPE includes gloves, gowns, masks, respirators, protective eyewear, and face shields. The type of PPE used may vary with the procedure performed, facility policy, or type of dressing application.

Sanitizing – a process that results in a reduction in the microbial population on an inanimate object to safe or relatively safe levels.